



CERTIFICATE FOR REFUND OF COUNTY VEHICLE TAX

State Form 23389 (R / 6-07) / BMV Form 15TR

Approved by State Board Of Accounts, 2007

To the Auditor of _____ County, Indiana,

I certify that the following named vehicle registration is entitled to the refund shown below by reason of having overpaid County Vehicle Tax:

Name:

Address:

Taxing Unit:

Vehicle Year/Make:

Sticker Number:

Date of Registration:

Plate Type:

Excise Class:

Plate Number:

Excise Age:

Reason For Refund:

	Amount Collected	Correct Amount	Refund Due
Excise Tax	\$	\$	\$
Surtax	\$	\$	\$
Wheel Tax	\$	\$	\$
TOTAL	\$	\$	\$

Issued At Branch:

Location:

Signed: _____
(Branch Manager)

Date:

Note: Upon presenting this completed form to the County Auditor, you will be asked to sign a Form #17T (1964) in order to complete your claim for a refund.